FRANKLIN TOWNSHIP SEWERAGE AUTHORITY
INDUSTRIAL SEWER PERMIT

BLOCK:		LOT:	

DATE:

1.	Name of Facility:
2.	Location of Facility:
3.	Owner of Business:
4.	Address:
5.	Send Sewer Bills To:
6.	Person to Contact About this Application:
	Title:
7.	Person to Contact in an Emergency:
	Title:
	Phone No.:
	Emergency No.:
8.	Description of Business:
9.	Wastewater Generating Operations:
	Describe process occurring on the premises, including Plant Operations, Raw Materials used, Chemicals and any variations in Discharge Volumes:
10.	Seasonal Variations:
	Indicate if business activity is continuous throughout the year. If not, list months and various seasonal discharge volumes:

11.	Flammable Materials					
	Are any of the following materials used or stored on the premises?					
	a. Flammable or explosive materials	Y	N	f. Phenols	Y	N
	b. Acid, alkaline, or corrosive material	Y	N	g. Large amounts of soaps or detergents	Y	N
	c. Pesticides or toxic material	Y	N	h. Radioactive Material	Y	N
	d. Oil, grease or solvents	Y	N	i. Dyes	Y	N
	e. Metal solutions	Y	N	j. Other (describe)	Y	N
12.	If answered YES to any part of #11a – 11j, please give description of item. In addition, list the significant raw materials used or stored on premises and indicate duration of storage. Include all hazardous, poisonous or toxic materials even if they are kept on premises only occasionally. Neglect materials used in laboratory or quality control operations. If quantities in inventory vary, select an average amount or give ranges.					
13.	Water Source (i.e. Private Well, Public Supply Metered, Public Supply Unmetered):					
14.	Wastewater Flow Rate: 　　　Peak hourly　　　　　　gallons/hour 　　　Max daily　　　　　　　gallons/day 　　　Average daily　　　　　gallons/day					
15.	Is pretreatment of wastewater required?　Yes or No					
	If yes, what is the: 　　　a. Purpose of pretreatment: 　　　b. Type of pretreatment:					
16.	Signature:					
	Title:					